

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF LOIS CAPPs

Mailing Address PO Box 23940

City
Santa BarbaraState
CAZip Code
93121Purpose of Disbursement
ContributionCandidate Name
LOIS G CAPPsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: SB23.6041

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF MAX BAUCUS

Mailing Address BOX 586

City
HELENAState
MTZip Code
59624Purpose of Disbursement
ContributionCandidate Name
MAX BAUCUSCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MT District: 00

Transaction ID: SB23.6020

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	6	/	2	0	0	7

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF ROSA DELAURO

Mailing Address 12 TRUMBULL STREET

City
NEW HAVENState
CTZip Code
06511Purpose of Disbursement
ContributionCandidate Name
ROSA DELAUROCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 03

Transaction ID: SB23.6037

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	6	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)